MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06048

g. Dist. No. Zo2

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	11
COUNTY	STATE MALV) DAG COUNT	Kent
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	vé nearest town)
OR give nearest town) / / (in this place)	TOWN Chestertow x	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR 1/2	ADDRESS // 2	
STREET ADDRESS // Trong	(1) 170N/	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Rebeller Wine	SYOWN DEATH June	25 1937
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If under	1 year If under 24 hrs.
T White Q WIDOWED, DIVORCED, (Specify)	10.27.86 64 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country) 12	2. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	MASS.	COUNTRY? OCAL
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	
Clark My and History	() and Direct leline	
15. WAS DECRASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) { (If yes, give war_or_dates of	17. INFORMANT AND ADDRESS	. 0/1
service) // o	Mederick K. Soun 1/8th	ent of.
18. MEDICAL CE	RTIFICATION	Y
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
	/ ·	21
Immediate cause (a) Condina dec	mangation	Jaays
	-1/ 0 0-1	15: 01
1/22 / Antecedent cause(s) Diseases or conditions, if any, (b) Manue hung and	As and unovas deal	o months
giving rise to the above cause		• 4 00 00 00 10 10 10 10 10 10 10 10 10 10
atating the underlying cause last		2
(c) (Internation		ayears
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		10
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No P
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
Mont	- 0	
22. I hereby certify that I attended the deceased from	-1. 19 17. to Jame 11. 19 1), that I last s	saw the deceased
VI	130 13	
alive on	2	tated above.
SIGNATURE: (Degree or title)	ADDRESS	DATE SIGNED
Min Min	00 to the 100	6-25-17
23. RURIAL CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or come	400
DEMONAL (Specify)		ty); sto (State)
euriai Juneza. 1951 Rurai Cem		OUNTY Mass
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR - Chestert	ADDRESS
Here 26-1957 Clara & Barnes,	J. Willis Wells - Chestert	OWIL, IN U.



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TO THE WAY TO SEE THE PARTY OF THE

2411 N. Charles Street, Baltimore

06049

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	1/ 1
MARYLAND	MATTHANG	KENT
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside/corporate limits, write RURAL and give n	earest town)
OR givo nearest town (in this place)	TOWN KUVAL-Chestertou	IN
HOSPITAL OR INSTITUTION OR II I O O O I	STREET (If rural, give location)	
STREET ADDRESS PNTout L. a. 1700.	+airlee	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	Day) (Year)
(Type or Print) TAIMES Freeland	CLANK DEATH JUNE 1	3 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 y	
Mile White WIDOWED, DIVORCED, (Specify) Single	DEC 5, 1909 41 yrs. Months D	ays Hours Min.
108. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country) 12. (CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY SCHOOL HOUSE	MIHMYLAND	UNTETT U.S'17.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
HARRY CLARK	I DA HORICKS	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS TAIRLEE	
(Yes, no, or unknown) (If yes, give war or dates of 2/8-20-7066	HARRY CLARK MAINELE	Md
18. MEDICAL CE	ERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		NTERVAL BETWEEN ONSET AND DEATH
	+-	119
Immediate cause (a) fleete carde	ac decompensation	6 lus:
1/5// 7		
727, 2 Antecedent cause(s) Diseases or conditions, If any, (b)	**************************************	10 00 00 has seed and an inches and a seed and a
giving rise to the above cause G		
(c)		
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No Z
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.)		(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m, Work At work		
22. I hereby certify that I attended the deceased from 6-13	, 195/, to 6-13, 195/, that I last saw	the deceased
6 13 10 11 10 11 11	8:30A	
alive on	ADDRESS.	ed above. DATE SIGNED
SIGNATURE (Degree or title)	ADDITION AND AND AND AND AND AND AND AND AND AN	DATE STORED
(1) Dick M.L. C	LesterTown, 19d 6	-13-17
	ERY OR CREMATORY LOCATION (City, town, or county)	(State)
REMOVAL (Specify) 6/16/1951 ST PAUL	CEM. lonear Flaville or	nd
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
13-1951 Clara L. Barnes.	J. Willis Wells	and me

MARGIN RESERVED FOR BINDING

328

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

S. A.E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06050

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH COUNTY	1.		2. USUAL RES	DENCE (HON	ME) OF DECEAS	ED. GOUNTY	
CITY (If outside of	orporate limits, write RUR	MARYLAND AL and LENGTH OF STAY	CITY (If out	side corporate l	imits, write RUR	AL and give	a nearest town)
OR give negrest	of storm	(in this place)	OR TOWN	Cheste	rtouse	, Za	0.
HOSPITAL OR	10	0 6.	STREET		(If rural, give		
STREET ADDRES	is 105 J.	Vullue St.	ADDRESS	105 -	o. que	bul S	7.
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4	DATE (A	Ionth)	(Day) (Year)
(Type or Print)	4rs. INDI	Market or Market Street, Market Street, Street	DAV	15	DEATH	6/1	5 19-5
6. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	SAX. 26	1868	AGE last birthday	Months	Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPA	ATION (Give kind of work		11. FIRTHPLA	CE (State or for		1 12.	CITIZEN OF WHAT
1/	orking life, even if retired)	INDOSTRY	Cocs	ton	, kes	Z.	USA.
13. FAPRER'S NAM	E	Oa .	14. MOTHER'S	MAIDEN NA	MI	0.	: +
John	walmi	1 16. SOCIAL SECURITY NO.	1 17. SEORMAN	ecci) [- 1	uer	mglon
(Yet, po, or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates service)	of	Wiss	Rebec	DRESS &	ave	Same
		18. MEDICAL CE	RTIFICATION				
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH		4		100100	INTERVAL BETWEEN ONSET AND DEATH
		Pulmon	and	FO	aus.	MARKET I	2 lens
Immediate	e cause (a)	- activities	a to				
	it cause(s)	Krtoringel	ratio	, Lload	to Dic	0000	Uleans
glving rise to	conditions, if any, (b)				12		
93d stating the u	nderlying cause last						0
II. OTHER SIGNIFI	(c) CANT CONDITIONS	7.					
Conditions contribu	iting to the death but not se or condition causing dea	th. Horse					
19a. DATE OF OPE	RATION 19b. MAJOR	FINDINGS OF OPERATION					20. AUTOPSY?
							Yes No Z
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bldg., etc.)	((CITY OR TOW	VN)	COUNTY)	(STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID IN	JURY OCCUI	R?		
OF INJURY	m,	While at Not While Work At work					
		//20 2	1 11.	Che all	(1		
22. I hereby certi	ify that I attended th	e deceased from	7, 19.37., to.	7000	z, 19 tha	t I last sa	aw the deceased
alive on	W2 2 19 5 /, at	od that death occurred at.?	:30 Pm	from the car	uses and on th	e date sta	ated above.
SIGNATURE	PP	(Degree or title)	ADDRESS		20		DATE SIGNED
(dobert	e asor, /	u.D. Cl.	esterti	me.	-, and.	6	/15/51
23. BURIAL, CREM REMOVAL (Spec	ATION DATE THERE	1957 NAME OF CEMETE	RY OR CREMA	TORY LOC	ATION (City, to	vn, or count	60 1. 1
DATE REC'D BY	LOCAL (REGISTRAR'S		2N. FUNERAL	DIRECTOR	vierella.	land	ADDRESS
REG. 1 C-1	951 000	al & Barren	Me	1/4	Jellen	-Chu	lula lad
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

06051

Reg. Dist. No. 200 2. USUAL RESIDENCE (HOME) OF DECEASED I. PLACE OF DEATH. COUNTY mareland MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place) millington TOWN STREET HOSPITAL OR (If rural, give location) INSTITUTION OR ADDRESS STREET ADDRESS 3. NAME OF (Last) 4. DATE (First) (Middle) (Month) (Day) (Year) DECEASED DIXON SIDNES (Type or Print) DEATH . 195/ 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) Harried 9. AGE last birthday | If under I year | If under 24 hrs. 6. COLOR OR RACE Months Dava Hours | Min. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIBTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT. 15. WAS DECRASED EVER IN U.S. ARMED FORCES! | 16. SOCIAL SECURITY NO. (Yes, no, or unknows) (If yes, give war or dates of service) 212-03-8661 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH (a) Community of feature vertebra D6 5 L 2 Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSYT 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION Yes 🖂 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY (COUNTY (CITY OR TOWN) (STATE) INJURY OCCUR OD HOW DID INJURY OCCUR? Was the number of the land to th TIME (Menth) (Day) (Year) (Hour) Jand backs While at Not while work 22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence oblained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\), accident \(\), suicide \(\), homicide \(\), undetermined \(\). ADDRESS DATE SIGNED (Degree or title) SIGNATURE 4-7-51 NAME OF CEMETERY OR GREMATORY LOCATION (City, town, or county) 23. BURIAL, CREMATION (State) REMOVAD (Specify) ADDRES DATE REC'D BY LOCAL



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06052

Reg. Dist. No. Z. D. 2

504341

1. PLACE OF DEATH COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY CITY (If clusted corporate limits, write RURAL and property limits, write RURAL and green served town) CITY (If clusted corporate limits, write RURAL and property limits, write RURAL and green served town) CITY (If clusted corporate limits, write RURAL and green served town) CITY (If clusted corporate limits, write RURAL and green served town) CITY (If clusted corporate limits, write RURAL and green served town) CITY (If clusted corporate limits, write RURAL and green served town) CITY (If clusted corporate limits, write RURAL and green served town) CITY (If clusted corporate limits, write RURAL and green served town) CITY (If clusted corporate limits, write RURAL and green served town) CITY (If clusted corporate limits, write RURAL and green served town) CITY (If clusted corporate limits, write RURAL and green served town) CITY (If clusted corporate limits, write RURAL and green served town) CITY (If clusted corporate limits, write RURAL and green served town) CITY (If clusted corporate limits, write RURAL and green served town) CITY (If clusted corporate limits, write RURAL and green served town) CITY (If clusted corporate limits, write RURAL and green served town) CITY (If clusted corporate limits, write RURAL and green served town) CITY (If clusted corporate limits, write RURAL and green served town) CITY (If clusted corporate limits, write RURAL and green served town) CITY (If clusted corporate limits, write RURAL and green served town) CITY (If clusted corporate limits, write RURAL and green served town) CITY (If clusted corporate limits, write RURAL and green served town) CITY (If clusted corporate limits, write RURAL and green served town) CITY (If clusted corporate limits, write RURAL and green served town) CITY (If clusted corporate limits, write RURAL and green served town) CITY (If clusted corporate limits, wri			
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OR give parametations) OR give parametations) FIGURE 10	MARYLAND MARYLAND	Men Jusing	
TOWN Comparison Comparison			re nearest town)
HOSPITAL OR INSTITUTIONS JAMES OF CONDITIONS DIRECTLY LEADING TO DEATH JAMES OF CONDITIONS DIRECTLY LEADING OF OPERATION JAMES OF CONDITIONS OF CONDITIONS JAMES OF CONDITIONS OF CONDITIONS JAMES OF CONDITIONS OF CONDITIONS JAMES OF CONDITIONS JAM	TOWN (in this place)		
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3. NAME OF DECASED BY CHIEF DECASED TYPE OF PRINT DECASED BY COUNTY OF THE DECASED BY CHIEF	STREET ADDRESS		alan b
DECEASED (Type of Pint) 5. SEX 6. GOLOR B RACE 7. SINGLE, MARRIED 6. SEX 10. LULL 10. LULL			(Day) (Year)
5. SEX GOLOROR RACE T. SINGLE, MARRIED, WILDOWED, DIVORCED. WILDOWED, DIVORCED. WILDOWED, DIVORCED. WILDOWED, DIVORCED. WILDOWED, DIVORCED. WALL GOD	DECEASED	- I OF A	
10a. USUAL OCCUPATION (Give kind of work 10b. KND OF BUSINES OR 11. BINTHPLACE (State or foreign country) 12. CITTEEN OF WHAT done during most objecting file, even if retired 15. FATEER'S NAME 14. MOTHER'S MAIDEN NAME 15. FATEER'S NAME 15. FATEER'S NAME 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS 18. MEDICAL CERTIFICATION 19. MAIDEN NAME 19. DATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION 19. DATE OPERATION 19. DATE OF OPERATION 19. DATE OF OPERATION 19. DATE OF OPERATION 19. DATE OPERATION 19.			
18. USAL CCCUPATION (Give kind of work done during most objecting file, were if redired) 19. FATHER'S NAME 11. FATHER'S NAME 11. MOTHER'S MAIDEN NAME 12. CITEEN OF WHAT COPPATION (I.S. BAND PROCESS) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECRARDE EVER IN U.S. AREND FORCESS) 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS 18. MEDICAL CERTIFICATION 19. Diseases or CONDITIONS DIRECTLY LEADING TO DEATH 19. Diseases or CONDITIONS Conditions contributing to the death but not related to the disease of conditions during death. 19a. DATE OF OFFRATION 19a. DATE OF OFFRATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, or	WIDOWED, DIVORCED,	/ Months	Days Hours Min.
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13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDIESS 16. WAS DECRASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDIESS 17. I	done during most of working life, even if retired) Indogstry		COUNTRY
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS 18. MEDICAL CERTIFICATION 18. MEDICAL	10 DATHEDIS NAME	1 14 MOTHER'S MAIDEN NAME	U-J.A.
Steel Stee	13. FATHER'S HABE	The state of the s	
Service 18th of the pervice 18th of th	LE WAS DECEMBED FORD IN ITS ADMED FORCES? I 16 SOCIAL SECURITY NO.	LIT INFORMANT AND ADDRESS	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Cornery thrombore / minuto / minuto / minuto / Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last stating the underlying cause last Conditions contribute to the death but not related to the disease or condition causing death. 192. DATE OF OPERATION 193. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) OF office bidg., etc.) FIME (Month) (Day) (Year) (Hour) (NJURY OCCURRED OF INJURY OCCURRED OF	(Yes, no, or unknown) (If yes, give war or dates of		1 1.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Coronary thrombose / minute			shaw Way
Immediate cause (a) Coronary thromborie /**Minute** Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last OFFICE SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OFERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No No		RTIFICATION	ANTERVAL BETWEEN
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
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Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No 21. ACCIDENT SUICIDE OF office bidg., etc.) INJURY OCCURRED HOW DID INJURY OCCUR? OF INJURY OCCURRED OF INJURY OCCURRED OF INJURY OCCURRED OF INJURY OCCURRED	giving rise to the above cause stating the underlying cause last		
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related to the disease or condition causing death. 19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No 1 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE UNJURY OF OFfice bidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not Work At work 1 22. I hereby certify that I attended the deceased from A at work 1 23. I hereby certify that I attended the deceased from A DORESS DATE SIGNED OF CENETERY OR CREMATORY LOCATION (City, town, or county) (Syste) REMOVAL (Specify) Male 12, 1957 July 1967 OR CREMATORY LOCATION (City, town, or county) (Syste) DATE REC'D BY LOCAL (REGISTRAR'S SIGNATURE) ADDRESS ADDRESS	II. OTHER SIGNIFICANT CONDITIONS		1
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SUICIDE OF office bidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not Work Not Wo	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	
Time (Month) (Day) (Year) (Hour) INJURY OCCURRED Mow DID INJURY OCCUR? Time (Month) (Day) (Year) (Hour) INJURY OCCURRED Not While at Not Wh	SUICIDE Office bidg., etc.)		
22. I hereby certify that I attended the deceased from	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-9, 1951, to 951, that I last saw the deceased alive on 6-9, 1951, and that death occurred at 3'2 mm, from the causes and on the date stated above. SIGNATURE: Observe or title) ADDRESS DATE SIGNED Clestertow Md. Clestertow Md. Clestertow Md. Clestertow Md. Clestertow Md. Clestertow Md. Substituted Specify Mame of Centerery or Crematory Location (City, town, or county) (State) REMOVAL (Specify) Mul. 12, 1451 Still and Still and Still and Mul. City. DATE REC'D BY LOCAL (REGISTRAR'S SIGNATURE) NAME OF CENTERRY OR CREMATORY Still and Still and Mul. City. Pare Rec'D BY LOCAL (REGISTRAR'S SIGNATURE)	OF While at Not While		
alive on 6-9, 1951, and that death occurred at 312 p.m., from the causes and on the date stated above. SIGNATURE: (Degree or title) ADDRESS DATE SIGNED CLESTERTON, M. D. CLESTERTON, M. D. 6-11-51 23. BURHAL, CREMATION DATE THEREOF NAME OF CENETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify) June 12, 1951 Still and Still and Kind Co. M. A. DATE REC'D BY LOCAL (REGISTRAR'S SIGNATURE) SIGNATURE A. FUNERAL DIRECTOR ADDRESS			
alive on 6-9, 1951, and that death occurred at 312 Rm., from the causes and on the date stated above. SIGNATURE: (Degree or title) ADDRESS DATE SIGNED CLESTERTON, M.J. CLESTERTON, M.J. 6-11-51 23. BURHAL, CREMATION DATE THEREOF NAME OF CENETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specific) June 12, 1951 Still and Still and Kind Co. M.J. DATE REC'D BY LOCAL (REGISTRAR'S SIGNATURE NATURE) ADDRESS	22. I hereby certify that I attended the deceased from 6-9	19.57 to 6-9 1957 that I last s	aw the deceased
SIGNATURE: (Degree or title) ADDRESS DATE SIGNED CLESTERTON, M.C. 6-11-51 23. BURHAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify) June 12, 1957 Still and Still and Knit Cs. M.C. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 20. FUNERAL DIRECTOR ADDRESS			
Clesterton, Mil. 23. BURIAL, CREMATION DATE THEREOF NAME OF CENTETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specific) June 12, 1957 Still and Still and Still and Ituit Go. June DATE REC'D BY LOCAL (REGISTRAR'S SIGNATURE) DATE REC'D BY LOCAL (REGISTRAR'S SIGNATURE) ADDRESS	alive on 6-9 , 195 , and that death occurred at		ated above.
23. BURHAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Spate) REMOVAL (Specify) County Still and Still and Co. Hid, DATE RECTOR DATE RECTOR ADDRESS	Siditaloui	ADDRESS	DATE SIGNED
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE SIGNATURE STUNERAL DIRECTOR ADDRESS			- '/ '
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE NUMERAL DIRECTOR ADDRESS	REMOVAL (Specify)		
June 15-1951 Clara S. Barnes. Marin V. Williams - Christining med.	DATE REC'D BY LOCAL I/REGISTRAR'S SIGNATURE		
	June 12-1951 Clara S. Barnes.	Marin V. Williams - Chiefin	low med

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

BRUEVA A. S.

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BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH

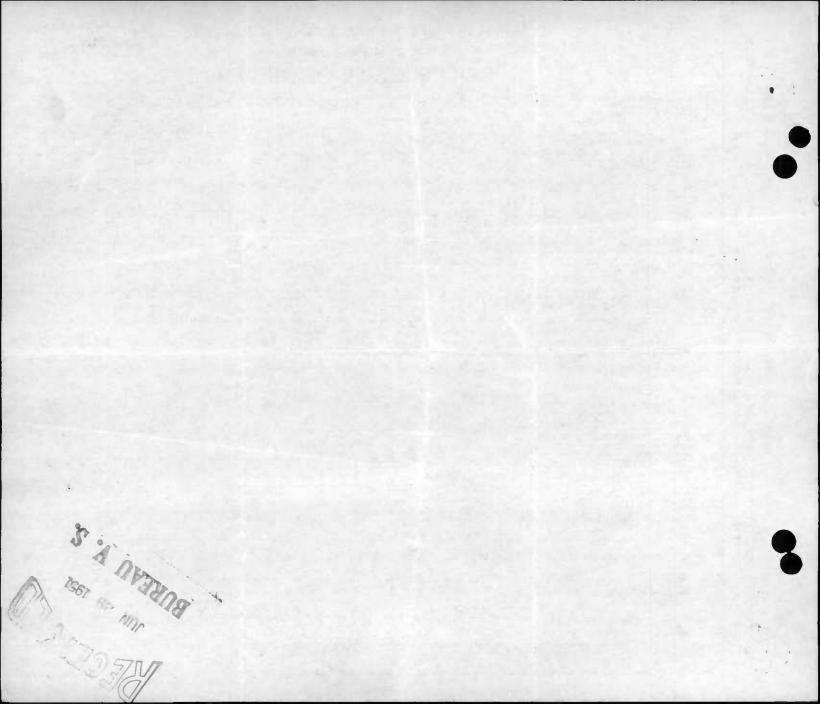
2411 N. Charles Street, Baltimore

06053

CERTIFICATE OF DEATH

Reg. Dist. No. 2.60

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
MARYLAND MARYLAND	and Witness
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in, this place)	OR CITY (If outside corporate limits, write RURAL and give nearest town)
HOSPITAL OR Massey W. O. W. W.	TOWN (V D) STREET (V rural, give location)
INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Quant	Gently DEATH June 24 1987
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last by thday If under 1 year If under 24 hrs. NOV. 17. 1871 7 9 yrs. Nov. 17. 1871 7 9 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of vorking life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY COUNTRY 12. CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Um, Carron	Sarah Chaven
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If year, give war or dates of	17. INFORMANT AND ADDRESS .
nervice)	Austinwood Durres massing and.
18. MEDICAL CE	PTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Oliging Alm Di Well
Immediate cause (a) Country	Thromboris, 2 days
120. / Antecedent cause(s)	
Diseases or conditions, if any, (b) Useline	Scleroses bus
94 giving rise to the above cause	The second secon
stating the underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
20 I have be confidently at the I offer and the last of the I	2× 204 74 \ \ 24 20 24 20 51
22. I hereby certify that I attended the deceased from the Land	, , ,
alive on 21, 19 7, and that death occurred at	6
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Julille M. N.	Medalloundel June 25:57
REMOVAL (Specity) 6-27-51 Townsing	Plunety Townsund Delaware
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FONERAL DIRECTOR . ADDRESS
June 26, 1951 Colward Tellour.	1- juste tomils byfoldown
	Du,



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06054

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY MARYLAND	STATE Morrion Zund COUNTY	188111
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	OR TOWN Remarks Rural Th	ve nearest town)
HOSPITAL OR INSTITUTION OR	STREET ADDRESS (If rural give location)	and the
STREET ADDRESS	Comans Rural	Moderitud
3. NAME OF (First) (Middle) DECEASED (Type or Print)	(Month) OF DEATH DEATH DEATH	(Day) (Year) 24 19-57
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE iast birthday If under Months	
10a. USUAL OCCUPATION (Give kind of work 10h. Kind of Business or	11. BIRTHPLACE (State on foreign country) 12	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Colemans Leval Hostonin	COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	
(Yes, no, or unknown) (If yes, give war or dates of 2/7-09-4858	Berlie Gilbert	
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.		ONSET AND DEATH
and an of a to		1 week
Immediate cause (a)	M880-030088008 (800000000	
Antecedent cause(s)		
Diseases or conditions, if any, (b)	000000000000000000000000000000000000000	••••••••••••
133 a giving rise to the above cause stating the underlying cause last		
133 a giving rise to the above cause ast stating the underlying cause last (c)		
133 a giving rise to the shove cause stating the underlying cause last		
133 a giving rise to the shove cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		20. AUTOPSY?
133 a giving rise to the shove cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY?
133 c giving rise to the shove cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY	20. AUTOPSYT
133		Yet No B
133	(CITY OR TOWN) (COUNTY)	Yet No B
giving rise to the shove cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) SUICIDE INJURY INJURY OCCURRED While at Not While Not Work At work	HOW DID INJURY OCCUR?	STATE)
133	How did injury occur?	STATE)
giving rise to the shove cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work 22. I hereby certify that I attended the deceased from \$\mathcal{B} - 2 \frac{3}{2}\$.	HOW DID INJURY OCCUR?	STATE)
giving rise to the shove cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work 22. I hereby certify that I attended the deceased from \$\mathcal{B} - 2 \frac{3}{2}\$.	HOW DID INJURY OCCUR?	STATE)
133	HOW DID INJURY OCCUR?	STATE)
giving rise to the shove cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) 1	HOW DID INJURY OCCUR? 1927, to, 1922, that I last s ADDRESS Clesleton, Will	aw the deceased above. DATE SIGNED
giving rise to the shove cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from 1.2.2. alive on 1.2.4., 19.5, and that death occurred at SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	HOW DID INJURY OCCUR? , 19, to	aw the deceased above. DATE SIGNED
133	HOW DID INJURY OCCUR? , 19, to	aw the deceased above. DATE SIGNED
33	HOW DID INJURY OCCUR? 1927, to 24, 1922, that I last so that I last so the date st address Chestern Will RY OR CREMATORY LOCATION (City, town, or count Colemans Notion	aw the deceased above. DATE SIGNED
133	HOW DID INJURY OCCUR? 1927, to 24, 1922, that I last so that I last so the date st address Chestern Will RY OR CREMATORY LOCATION (City, town, or count Colemans Notion	aw the deceased above. DATE SIGNED



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MARYLAND STATE DEPARTMENT OF HEALTH

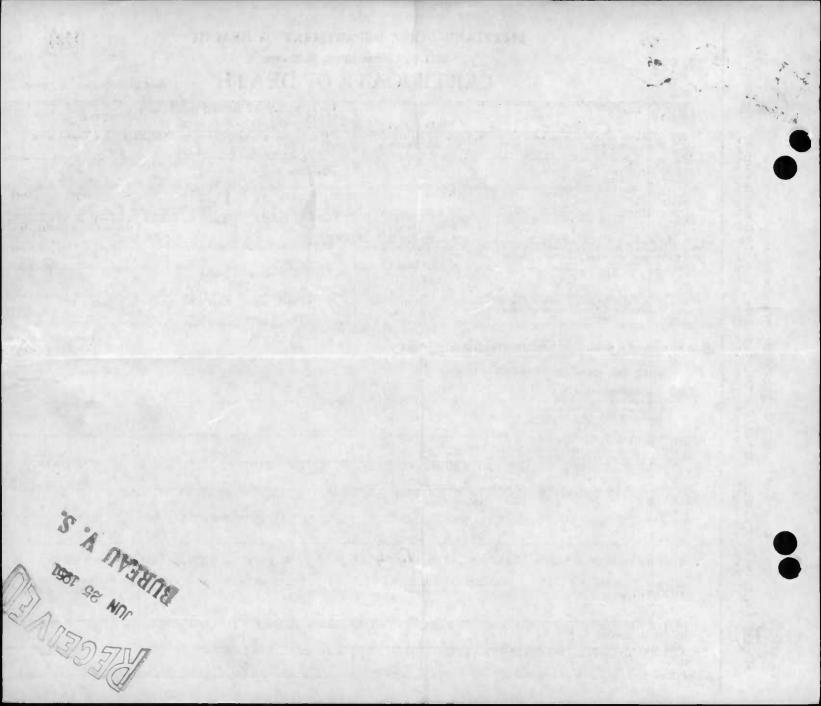
2411 N. Charles Street, Baitimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

06055

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	VI
COUNTY KONT MARYLAND	STATE MHYVIHA COUNTY	hent
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (It outside corporate limits, write RUBAL and give	nearest town)
TOWN Rotat) Chester town (in this place)	TOWN (Runal) Chestertou	Ja.
HOSPITAL OR	STREET (If rural, give location)	1
INSTITUTION OR STREET ADDRESS	ADDRESS Johnson town 'Que	sken Nede
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED	OF	
E COLOR OF DACE 17 SINGLE MADRIED	S DATE OF BIRTH I O ACE lest birthday I If mades I	year ilf under 24 bra.
Male Black WIDOWED, DIVORCED, (Specify) Marries	Nov. 10,1900 50 ym. Months	Days Hours Min.
10a. HSHAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY CONTINUATION	Kout (a-Md.	OUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.201
71	Harriet Smith	
15. WAS DECEASED EVER IN V.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	7
(Yes, no, or unknown) (If yes, give war or dates of	11-0 Re- De-Chartret	me law
18. MEDICAL CEI	PTIEICATION 1	
	KIIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Western on the	orain aorta	5 kumba
Immediate cause (a) A func of the		
15 X Antecedent cause(s)	Aug	3
Diseases or conditions, if any, (b)	**************************************	0 00 00 00 00 00 00 00 00 00 00 00 00 0
96 stating the underlying cause last		
(c)		M. C.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
198 DATE OF OPERATION 196 MAJOR FINDINGS OF OPERATION	-0-	20 AUTOPSY?
June 1/957 Clarena o Cyptic dec	N	Yes No 🗆
ZI (ACCIDENT (Specify) PLACE (Hoffe, farm, factory, street, SUICIDE OF office oldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
Al	1 17 0 3	
22. I hereby certify that I attended the deceased from	0, 19.57, to seeme 20, 19.57., that I last sa	w the deceased
alive on 19.57, and that death occurred at	6 Am from the religion and on the date ate	ted above
alive on	ADDRESS /	DATE SIGNED
Cora. Til (lib).	Clearly town load to	5-20-51
	RY OR CREMATORY LOCATION City town, or county	r) (State)
REARDYAL (Specify) June 23 1951 1 omona	Cimiting Keen Chestelow ma	4
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24- FUNERAL DIRECTOR	OADDRESS
Jame 21-1951 Clara S. Barres.	1 / Harm V. Williams - Chilu	las Md.
	6-20	10011



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATHY COUNTY RAPY AND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Viet
CITY (If outside corporate limits, write RURAL and) LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	re nearest town)
TOWN (Mellerlown Inte	TOWN (Cestlelan	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3 40 Commen ST.	STREET ADDRESS 340 (If rural give location)	treat
3. NAME OF DECEASED (Fire United In Middle) Utility (Middle)	(Month) OF DEATH D	(Day) (Year)
6. SEX 6. COLOR OF LACE 7. SINGLE, MARKED, WIDOWED, OF ORCED, (Specify)	8. DATE OF BIRTH 9. AGE inamerithday If under Months Months	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) 13. FATHER'S NAME	11. BIRTHPLACE (State or foreign country)	CITIZEN OF WHAT
13. FATHER'S NAME	14, MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give was opietes of 217-05-1339	17. INFORMANT Sungare Money	(certe)
18. MEDICAL CE.	RTIFICATION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cerefinal	accident	5 weeks
31X Antecedent cause(s)	0	
Diseases or conditions, if any, (b) giving rise to the above ceuse	Curr	
830 stating the underlying cause last	,	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
releted to the diseese or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Las AUTODOVA
138. DATE OF OFERATION 138. MAJOR FINDANCS OF OFERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, fectory, street, OF office hldg., etc.)	(CITY OR TOWN) (COUNTY)	Yes No SK (STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Lyan'l.	1951 to lone 10 1951 that I last a	aw the deceased
alive on 19.1., and that death occurred at(ADDRESS from the causes and on the date sta	ated above. DATE SIGNED
Jones h. John M. W.	Elhan, Md. June	11 1951
ZJ. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR OREMATORY LOCATION (City, toys), or count	(Styte)
REG. 1/-195/ Clara & Barnes.	J. Willis Wells - Chesterto	ADDRESS OWN, Md
) .	20816

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

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BECEINED

06057

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

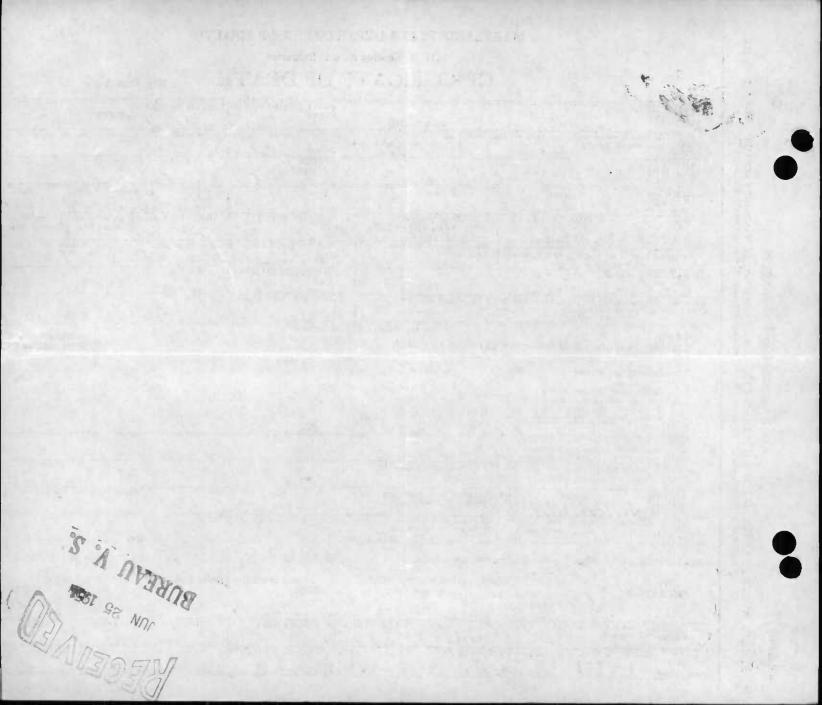
CERTIFICATE OF DEATH

Reg. Dist. No. 2 0 7

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY MARYLAND	STATE Manuface COUNTY	Kint
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
OR give nearest town (in this place)	TOWN Chalulow	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR CALL ALL COLOR	ADDRESS Q	
STREET ADDRESS 8// July Speed	8/1 High your	
3. NAME OF (First) (Middle)	(Last) (Last) (Month)	(Day) (Year)
(Type or Print) Clasa D. Mus	kins DEATH Tune	19 19.57
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under	I year If under 24 hrs.
Finale White (Specify) Williams	Nov. 20 1883 67 yrs. Months	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT
noursuse nom	Museum Min Co. Ma.	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Charles Milly	Triscella Mestana	
15 WAS DECRASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	Horman Mulain - Chutulain	hed.
18. MEDICAL CE	PTIFICATION	1
	RIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
(into into		19 hours
Immediate cause (a)		12710
430 Antecedent cause(s)	e 1 land 1 man	
Diseases or conditions, if any, (b)	n acord preading	
/ giving rise to the above cause		
94 b stating the underlying cause last	d local	
(c) (///////////////////////////////////	o provi	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE HOMICIDE / Add Add / OF office bldg., etc.)	Shesterlour Bent	IMM
TIME (Month) (Day), (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF (7-9-51 - ams) While at Not While INJURY At work		
1.00.00		
22. I hereby certify that I attended the deceased from 6-19	195/ to 6-19 1951, that I last s	aw the deceased
alive on 5 - 19 , 1951, and that death occurred at	7	ated above.
SIGNATURE / (Degree or title)	ADDRESS 6-20-51	DATE SIGNED
Al Motor do and la	la calataras	And
1 Topum 101	MUNEY 10WY	1111
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or coun	ty) (State)
Sunal June 22, 1951 Chester	Chululia, Ma	extand
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 21-1951 Alan J. Barnes.	Masin V. William - Chief	whi had

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age



2411 N. Charles Street, Baltimore

06058

CERTIFICATE OF DEATH

The correct

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

g. Dlst. No. 9 0 2

510216

V.	11 101111	JOI DELLE	keg. Dist.	No
1. PLACE OF DEATH. COUNTY	ARYLAND 2	2. USUAL RESIDENCE (H STATE Mars C	OME) OF DECEASED.	TY Kent-
TOWN Willsliston	NGTH OF STAY in this prace)	OR -	te limits, write RURAL and	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2/5 A. Front	11-	STREET ADDRESS 2/5	S. Frankling (If rural, give location)	£ person
3. NAME OF (First) (Midd DECEASED (Type or Print) James	lor ;	Meekins	4. DATE (Month) OF DEATH	(Day) (Year)
Nale White (Specity)	DIVORGED,	aw. 18-1909	42 yrs.	er I year If under 24 hrs. Days Hours Min.
done during most of working life, even if retired) INDUSTRY	OF BUSINESS OR	1. BERTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S JAME Taralas Micel	nul		nger	
15. Was Decrased Ever In U.S. Armed Forces? 16. Social (Yes ho, or unknown) (If yes, give war or dates of service)	SECURITY No. 1	mary you	ADDRESS . The	the
	18. MEDICAL CERTI	IFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO	DEATH	, 0		ONSET AND DEATH
Immediate cause (a) to with	wis of	Ninel	***************************************	15-
58% / Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	ed En	ancer-		150
stating the underlying cause last (c) Cehron	ie Ole	haliand	9 9 0 0	3 yers
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF	OPERATION			20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, far OF office bldg., INJURY	m, factory, street, etc.)	(CITY OR TO	OWN) (COUNT	Yes No (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OC While at INJURY m.	CURRED Not While At work	HOW DID INJURY OCC	UR?	8
22. I hereby certify that I attended the deceased i	ronko mes	legal allente	19, that I last	haseenah adt wes
1 1 . 1				
	ree or title)	ADDRESS	causes and on the date	DATE SIGNED
Franker Luille 1/1	in Culsi	Culom. RR.	Ja	ne 1/51
REMOSAL (Specify) June 13, 1951		im.		Co. I had
DATE REC'D BY LOCAL [REGISTRAR'S SIGNATURE REG. 12-12-4]	110000	FUNERAL DIRECTOR	Illeria Ch	ADDRESS had
Bring In Comment		71,00000		4.

DECEINED DE MAR

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

06059

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No 21021

I. PLACE OF DEATH- COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN (in this place)	TOWN Still Your
HOSPITAL OR INSTITUTION OR KENT & Quellue Home Hospita	STREET (If rural, give location)
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)/ (Day) (Year)
(Type of Time)	CHOLSON OF DEATH 6 / 27 105/
6. COLOR OB RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday II under 1 fear Hunder 24 hrs. with Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer - Court Rossian	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY) Lant Co., That.
13. FATHER'S NAME/	14. MOTHER'S MAIDEN NAME
Benjamin F. Michalson	Jusie Gardner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS
18. MEDICAL CE	ERTIFICATION /
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Subralized	Interiosclerost years
33 / Antecedent cause(s) Diseases or conditions, If any, (b) Chris are re	tention weels
giving rise to the above cause stating the underlying cause last	216 -11 . 20 Print C.10
(c) Cerebral New	no mog co remet region 8 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
192. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No A
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work	How DID INJURY OCCUR!
11-	195/ to 6/27 that I last saw the deceased
22. I hereby certify that I attended the deceased from 6/15	to by to that I last saw the deceased
alive on 6.726 , 19 , and that death occurred at (Degree or title)	ADDRESS ADDRESS ADDRESS ADDRESS DATE SIGNED
Robert E. Erson M.D.	Chesterton , ail. 6/27/51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMET	ery or Crematory Location (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
June 29-195/ Clara S. Barnes.	175.1. Fellows still Fond, Ind.
0	47 246



MARGIN RESERVED FOR BINDING

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06060

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY MARYLAND	STATE Man Sand COUNTY / Cut
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town (in this place)	OR TOWN Cletatestanon
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS / Land & Character Comments	ADDRESS
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED	OF
(Type or Print) College Silver	8. DATE OF BIRTH 19. AGE last birthday I If under I year III under 24 hrs.
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	Months Days Hours Min.
Male White (Specify) Simile	Mark (1 , (4))
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
- Complete	1 /and I alum am Hory, Cholistic 1 4. J. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles H. Silans	1-lower Boniell
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of service)	Charles H. Silen - Chaliles had
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) found dead	in fresinet; Ruse
195,5 Antecedent cause(s)	20 0 1
Diseases or conditions, if any, (b) Lucianimo.	recount yound at
giving rise to the above cause	had no stillene of son genilal,
stating the underlying cause last (c) anomalies ainly	on were clove + und State To ten
THE CONTRACTOR OF THE CONTRACT	nd St.
Conditions contributing to the death but not	
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20. AUTOPSY?
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
22. I hereby certify that I attended the deceased from	, 19. 1., that I last saw the deceased
alive on	ADDRESS DATE SIGNED
Sidily only	00. ++
When your how	Caesculown, Mcl. 6-1251
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county), (State)
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specific)	Cemeters Chestiste med
DATE REC'D BY LOCAL HEGISTRAR'S'SIGNATURE	24 FUNERAL DIRECTOR ADDRESS
REG. 10 1001 114	Data : 11/1:01 . Cl Fl.) and
	Marin V. William - Chetula mod